



<b>POLICY TITLE: Missing Children/Youth</b>		<b>PAGE 1 OF 6</b>
<b>CHAPTER : Youth Services</b>		
	<b>CHILD AND FAMILY SERVICES AGENCY</b>  <b>Approved by:</b> _____ Signature of Agency Director	<b>PROFESSIONAL STANDARDS</b>  <b>See Section VII.</b>
<b>EFFECTIVE DATE:</b> June 11, 2007	<b>LATEST REVISION:</b> June 6, 2007	<b>REVIEW BY LEGAL COUNSEL:</b> May 8, 2007

<b>I. AUTHORITY</b>	<p>The Director of Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the federal Child Abuse Prevention and Treatment Act and its implementing regulations, provisions in Title 4, Chapter 13 and Title 16, Chapter 23 of the D.C. Code, D.C. Superior Court Rules and the modified final order and amended implementation plan in LaShawn A. v. Fenty.</p>
<b>II. APPLICABILITY</b>	All Child and Family Services Agency (CFSA) and contracted agency staff.
<b>III. RATIONALE</b>	<p>Children/youth who are missing are at great risk of victimization and exploitation. Regardless of why a child is missing or where a child is missing from, all missing children are at risk and each missing-child case needs immediate investigation and entry into the Federal Bureau of Investigation's (FBI) National Crime Information Center (NCIC) computer and the state law-enforcement system. This is especially true for children/youth who are identified as being at "high risk". Because of the potential dangers to the child/youth, the child's/youth's social worker is to consider a missing child as a major event that requires immediate intervention.</p> <p>CFSA and contracted agency social workers are required to notify the individuals, agencies and organizations described in these procedures upon learning that a child is missing. Immediate notification to the law enforcement agency in the jurisdiction in which the child is placed (hereafter referred to as the local law enforcement agency) and the CFSA Child Locator and Support Services (CLASS) is critical. CLASS supports the social workers' efforts to locate and return the child/youth.</p> <p>Whether a child is missing from a home, care, or any other setting; or because a child/youth ran away, was abducted by a family or non-family member; or for any other reason – the incident needs to be immediately reported to law enforcement by resource providers. Missing-children reports need to be immediately taken by law enforcement.</p> <p>Resource providers, social workers and supervisory social workers are expected to take steps to locate a missing child/youth and return the child/youth to the child's/youth's home or an approved placement, as appropriate. Requirements for social workers and supervisors are outlined in this policy.</p>

<b>IV. POLICY</b>	The purpose of this policy is to establish requirements and provide instructions for the Child and Family Services Agency (CFSA) and contracted agency staff when children/youth who are in CFSA custody or protective supervision, or who are served through an in-home case are reported or believed to be missing.
<b>V. CONTENTS</b>	<b>A.</b> Reporting Requirements for Resource Providers <b>B.</b> Reporting Requirements for Hotline Workers <b>C.</b> Reporting Requirements for the On-Going Social Worker <b>D.</b> Requirements for Supervisors <b>E.</b> The Role of the Child Location and Support Unit for Missing Children <b>F.</b> Social Worker's Tasks When the Child/Youth is Located
<b>VI. ATTACHMENTS</b>	<b>A.</b> Definitions <b>B.</b> Unusual Incident Form <b>C.</b> Critical Events Form <b>D.</b> Request for Issuance of a Custody Order Form <b>E.</b> Request for Withdrawal of Custody Order Form <b>F.</b> Missing Child/Youth Questionnaire
<b>VII. PROCEDURES</b>	<p><b>Procedure A: Reporting Requirements for Resource Providers</b></p> <ol style="list-style-type: none"> <li>1. Resource providers (including foster parents, relative resource providers, and staff of congregate care facilities) shall report any missing child/youth within one (1) hour to the following: <ol style="list-style-type: none"> <li>a. The local law enforcement agency;</li> <li>b. The CFSA Hotline, and must include: <ol style="list-style-type: none"> <li>i. The child's/youth's name;</li> <li>ii. Date of birth;</li> <li>iii. Height;</li> <li>iv. Weight;</li> <li>v. Any other unique identifiers such as eyeglasses and braces; and</li> <li>vi. What clothing he or she was wearing.</li> </ol> </li> <li>c. The child's/youth's social worker.</li> </ol> </li> <li>2. If the child/youth returns, the resource provider shall: <ol style="list-style-type: none"> <li>a. Immediately contact the local law enforcement agency; and</li> <li>b. Immediately contact the CFSA Hotline.</li> </ol> </li> <li>3. Once the missing person's report has been completed by the local law enforcement agency, the resource provider shall provide the report number to the on-going social worker.</li> </ol> <p><i>Note: Congregate care providers must complete an Unusual Incident Report (see attachment B) and send to the appropriate social worker, supervisory social worker and program monitor.</i></p>

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Missing Children/Youth	Youth Services	2 of 6

	<p><b>Procedure B: Reporting Requirements for Hotline Workers</b></p> <ol style="list-style-type: none"> <li>1. The Hotline worker shall complete an Information and Referral (I&amp;R) in FACES and complete the Critical Event Form (<i>see attachment C</i>).</li> <li>2. The hotline worker shall immediately email and call the on-going social worker, the supervisory social worker, program manager and the Child Location and Support Services Specialist and notify them of the missing child/youth.</li> <li>3. If the child/youth returns, the hotline shall immediately email and call the on-going social worker, the supervisory social worker, program manager and CLASS and notify them that the child/youth has returned.</li> <li>4. The Hotline worker must also close out the I&amp;R screen in FACES.</li> </ol>
	<p><b>Procedure C: Reporting Requirements for the On-Going Social Worker</b></p> <p>When the social worker learns that a child/youth is missing, the social worker shall at the start of their tour of duty:</p> <ol style="list-style-type: none"> <li>1. Contact the resource provider to confirm the report and to verify if the child/youth has returned.</li> <li>2. If the child/youth has returned, follow the steps outlined in <i>Procedure F</i>.</li> <li>3. If the child has not returned, complete an extensive search of the child/youth to include but not limited to: <ol style="list-style-type: none"> <li>a. The local law enforcement agency to verify that the child is not in their custody;</li> <li>b. The local emergency shelters and homeless youth programs;</li> <li>c. Most recent resource provider and any other resource providers with whom the child/youth is known to have had a close or long term relationship;</li> <li>d. Relatives, including the child's/youth's parents and siblings;</li> <li>e. Neighbors and landlord of the child's/youth's last known address;</li> <li>f. Close friends and classmates of the child, including any known boyfriends, girlfriends, or anyone else in the community with whom the child may have developed a significant relationship;</li> <li>g. Teachers, counselors, and other school personnel from the school that the child last attended or at other schools the child attended if there is knowledge that the child had a close relationship with persons at that school;</li> <li>h. Probation/Parole Officer if Officers when appropriate; and</li> <li>i. Juvenile and Adult Detention Centers, if applicable.</li> </ol> </li> <li>4. If the child is located from this diligent search, follow the steps outlined in procedure F.</li> </ol>

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Missing Children/Youth	Youth Services	3 of 6

	<ol style="list-style-type: none"> <li>5. If the child/youth is not found upon completion of the diligent search, contact law enforcement in the child's/youth's jurisdiction to verify that a missing person report has been filed and to document the police report number.</li> <li>6. If the report has not been filed by the resource provider, file a missing person report, and document the police report number. <ul style="list-style-type: none"> <li>• Provide the information contained in FACES including the child's date of birth, placement information, a physical description and a recent photograph of the missing child/youth to law enforcement.</li> </ul> </li> <li>7. Determine if there are any unusual circumstances that would place the child/youth at a higher level of risk. If the child/youth is identified as being at "high-risk" (See Attachment A, Definitions), initiate a Child Locator Staffing.</li> <li>8. The Child Locator Staffing shall include: <ol style="list-style-type: none"> <li>a. The on-going social worker or supervisory social worker;</li> <li>b. Child Locator and Support Services;</li> <li>c. The child/youth's resource provider;</li> <li>d. Other people as appropriate (including the OAG if legal issues are expected to arise).</li> </ol> </li> <li>9. The Child Locator Staffing shall discuss why the child/youth has been identified as being at "high-risk."</li> <li>10. The missing child/youth staffing shall develop a written plan to locate the child/youth.</li> <li>11. If the child is identified as being at "high-risk," contact the National Center for Missing and Exploited Children (NCMEC) at 1-800-843-5678.</li> <li>12. Notify the assigned AAG; and the Guardian ad litem.</li> <li>13. Once the child/youth has been missing for 24 hours, request a custody order through FACES for children/youth. <i>Note: If the child/youth is involved in an in-home case, <b>do not</b> request a custody order as the case is not Court-involved. These cases will also not have an assigned GAL or AAG.</i></li> <li>14. Review the completed information with the CFSA's Child Locator and Support Services to verify its accuracy and completeness.</li> <li>15. Contact the Child Locator and Support Services to obtain the Request for Custody Order Form (See Attachment D).</li> <li>16. Along with the supervisory social worker, sign and return the Request for the Issuance of a Custody Order Form to the Child Locator and Support Services the same business day.</li> </ol>
--	--

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Missing Children/Youth	Youth Services	4 of 6

	<p><b>Procedure D: Requirements for Supervisory Social Workers</b></p> <ol style="list-style-type: none"> <li>1. Upon notification by the social worker that a child/youth is missing, immediately confirm that the social worker has completed all of the required reports and contacts as described in <i>Procedure C</i> of this policy.</li> <li>2. Assist the social worker in developing and implementing a plan which includes: <ol style="list-style-type: none"> <li>a. Specific strategies to locate the missing child/youth and assure the child's/youth's safety; and</li> <li>b. Daily and weekly activities to locate the child/youth.</li> </ol> </li> <li>3. Review the plan with the social worker during weekly supervision or as necessary.</li> </ol>
	<p><b>Procedure E: The Role of the Child Locator and Support Services</b></p> <ol style="list-style-type: none"> <li>1. Once the Child Locator and Support Services receives the Request for the Issuance of a Custody Order Form (<i>see attachment D</i>) from the social worker, the form shall be sent to the Juvenile Clerk's office for the Judge's signature.</li> <li>2. Once the custody order is sent back to the Child Locator and Support Services, it shall be forwarded to the CFSA child locator contractor within 24 hours of receipt by the Child Locator and Support Services.</li> <li>3. The contractor shall contact the social worker within 24 hours of receiving the custody order.</li> <li>4. The contractor shall take steps outlined in their contract to locate the missing child/youth.</li> <li>5. If the child is located by the contractor, the social worker shall be notified and the social worker shall complete the process outlined in <i>Procedure F</i> of these procedures.</li> <li>6. The contractor shall invite the social worker to the contractor's regularly scheduled monthly meeting with the Child Locator and Support Services as appropriate.</li> <li>7. If the child is missing for more than six (6) months, the CFSA child locator contractor may recommend that the social worker contact the National Center for Missing and Exploited Children (<i>see procedure C 11.</i>)</li> </ol>

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Missing Children/Youth	Youth Services	5 of 6

	<p><b>Procedure F: Social Worker's Tasks When the Child/Youth is Located</b></p> <p>Once a child/youth is located, it is imperative that the social worker engage the child to determine why the child was missing to prevent further disruptions.</p> <p>When the child/youth has been located, the social worker shall complete the following:</p> <ol style="list-style-type: none"> <li>1. Contact the Child Location and Support Unit for Missing Children Specialist, the local law enforcement agency, the child/youth's parent(s), and the resource provider. The GAL and AAG, if applicable, should also be contacted.</li> <li>2. Complete the Request for the Withdrawal of Custody Order Form (See Attachment E) and deliver to Child Locator and Support Services.</li> <li>3. Initiate/stabilize the child/youth's placement.</li> <li>4. Complete referral for a Family Team Meeting (FTM) within 24 hours (<i>See FTM policy</i>).</li> <li>5. Interview the child/youth in person within seven business days of their return to care, and take a photograph of the child at that time (<i>See Attachment F</i>).</li> </ol> <p><i>Note: All of the above shall be documented in FACES.</i></p>
--	---

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Missing Children/Youth	Youth Services	6 of 6

## **ATTACHMENT A**

### **Definitions**

1. **Abducted** - A child/youth in CFSA custody or who have an open in-home case whose whereabouts are unknown and it is known or suspected that the child/youth has been taken from his or her placement (or home) or other location by a person or persons either known or unknown to the child/youth, in violation of a valid court order regarding the child's/youth's custody status.
2. **Resource provider** – The adult(s) who is responsible for a child/youth (age birth to 21 years) who is in placement through CFSA; an employee or volunteer, whether compensated or non-compensated, in an out-of-home care setting who is responsible for the child's/youth's welfare; a person who legally or voluntarily assumes the care, custody, maintenance or support of the child/youth; and any other staff person in an out-of-home care setting regardless of whether or not the person is responsible for the care or supervision of the child/youth.
3. **Congregate Care Facility** - Facilities that provide twenty-four (24) hour care for residents. Youth group homes maintain staff to meet the physical, emotional and developmental needs of their residents and provide supervision, guidance and recreation to their residents.
4. **Facility** - General term for family foster home or congregate care location.
5. **High Risk Child/Youth** - means that the missing child's/youth's safety is compromised for one or more of the following reasons:
  - a. The child/youth has been or is believed to have been abducted;
  - b. The child/youth is age 12 or younger;
  - c. The child/youth has one or more health conditions that require treatment or ongoing care (including prescription medications);
  - d. The child/youth is pregnant;
  - e. The child/youth is parenting and the infant/child is believed to be with him or her;
  - f. The child/youth has emotional problems that require treatment;
  - g. There is reason to believe the child is a danger to themselves or others;
  - h. The child/youth has a developmental disability that impairs the child's/youth's ability to care for her/himself;
  - i. The child/youth has a documented alcohol and/or substance abuse problem;
  - j. Is absent under circumstances inconsistent with his or her established patterns of behavior and this absence cannot be readily explained; or
  - k. Disappeared under circumstances that would lead a reasonable person to conclude that the child/youth should be considered at higher risk.
6. **Missing/Child Youth** - refers to a child/youth under 21 years of age who is in CFSA custody or protective supervision, or who is served through an in-home case and is absent from her/his placement without the permission of the child's resource provider or CFSA.
7. **Placement** – General term used when discussing a child's initial out-of-home living arrangement and subsequent living arrangements.
8. **Resource Provider** – Umbrella term used for resource parents, congregate care facilities, and residential care placements.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
CHILD & FAMILY SERVICES AGENCY**



**UNUSUAL INCIDENT (UI) REPORT**

**PLEASE PRINT CLEARLY**

**PART I – REPORTED BY**

1. Person first Reporting Incident: _____	
a. Name of Facility: _____	Telephone #: _____
b. Title/Position: _____	
d. Date Reported: _____	Time: _____ AM or PM <b>(circle one)</b>
2. Person /Reporting Incident to: _____	
a. Title/Position: _____	
b. Date Reported: _____	Time: _____ AM or PM <b>(circle one)</b>
3. Program Director Receiving Report: _____	
a. Date Reported: _____	Time: _____ AM or PM <b>(circle one)</b>

**PART II – TYPE OF INCIDENT**

4. Type of Incident: _____ (Abscondence/Runaway, Personal injury/Accidental; Assault with specify injury; Assault without injury; Verbal threat involving staff; Verbal threat involving other children; Theft; Destruction of property; Arrest of child; Sexual assault by staff; Sexual assault of staff by a child; Sexualized behavior among residents – Consensual/Not Consensual; Contraband – drugs, alcohol or weapons; Medical – seizures, etc.; Threat – specify; Suicidal- specify; Skipped/Trouble school – specify; Arrived past curfew from school; Creating Fire Hazard/Setting; Vandalism – specify; Resident ill; Other – specify)	
5. Date of Incident: _____	Time: _____ AM/PM
6. Facility Name/Location/Place of Incident: _____	
7. Person(s) Involved: _____	
8. Date of Birth of Person(s) Involved: _____ Age _____	
9. Gender of Person(s) Involved: _____ Female _____ Male	
10. Race: _____ African American _____ White _____ Hispanic _____ Other (Specify)	

**PART III – DETAILS OF INCIDENT - *If necessary attached a separated sheet for additional information***

11. What happened (What, When, How, Why):

**PART IV – ACTION (S) TAKEN BY WHOM (REQUIRED) - *Provide Full Name & Title of ALL persons contacted/faxed, i.e. House Manager; Director; Social Worker, Monitor, Inspector, Police's name, badge & report #; Hotline, Guardian Ad Litem, etc.***

12.

**PART V – (FOR INTERNAL AFFAIRS DIVISION USE):**

13. Investigator Receiving Report: _____	UI # _____
14. Reviewed by: _____	
15. Reported to: Director: _____	Deputy Director: _____
Through (specify name(s): _____	
16. Date/Time Reported: _____	

\_\_\_\_\_  
Staff Reporting Incident/Title/Date

\_\_\_\_\_  
Program      Director/House      Manager      Reviewing      Incident/Title



**District of Columbia  
Child and Family Services Agency**

**Critical Event Summary/Update Form**

**Reasons for Reporting Critical Event (Check all that apply):**

☐ **Death**

**Life Threatening Condition Resulting From:**

☐ **Abuse**

☐ **Neglect**

☐ **Broken bones in a child under Six (6)**

☐ **Scalding burn in a child under Six (6)**

☐ **Missing CFSA Child/Youth**

☐ **Runaway who presents danger to him/herself or Community**

☐ **An incident involving several runaways from a Facility**

☐ **Other**

☐ **Child/Youth in CFSA care who has been abused in out of home care**

**I. Person Making Report:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**II. CFSA Case Status:**

☐ **Active**

☐ **Closed**

☐ **No prior involvement**

**Case #:** \_\_\_\_\_

**Social Worker's Name:** \_\_\_\_\_

**III. Family Information:**

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**IV. Information on Child:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Race: \_\_\_\_\_

Legal Status: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Date/Time CFSA Notified of Incident: \_\_\_\_\_

Date Police Notified of Incident: \_\_\_\_\_

**V. Other Children Living at Home at Time of Incident:**

Name	DOB	Living Situation After Incident

**VI. Nature of Critical Event: \_\_\_\_\_**

**VII. Actions Taken: \_\_\_\_\_**

**VIII. Update (Within 14 Days of Notice of the Incident; Include Changes in Treatment Planning, Court Action, Health, Placement, Etc.)**

Date of Update: \_\_\_\_\_

\_\_\_\_\_  
Signature of Deputy for Program

\_\_\_\_\_  
Date

**CFSA**  
**CRITICAL EVENT CASE INFORMATION**

**I. Reason Case Identified as a Critical Event Case:**

\_\_\_\_\_

**II. Case Information/Identification:**

- Case Name: \_\_\_\_\_
- Case Address: \_\_\_\_\_
- Phone #: \_\_\_\_\_
- FACES #: \_\_\_\_\_
- Police Case #: \_\_\_\_\_
- Assigning Supervisor: \_\_\_\_\_
- Investigator: \_\_\_\_\_

**III. Family Constellation:**

- Parents Name: \_\_\_\_\_
- Alleged Victim: \_\_\_\_\_
- Siblings Names: \_\_\_\_\_

**IV. CFSA History:**

- Child's History: \_\_\_\_\_
- Placement History: \_\_\_\_\_

**V. Current Situation:**

\_\_\_\_\_

**VI. Assessment:**

\_\_\_\_\_

**VII. Deputy for Program Operations Case Handling Assessment:**

\_\_\_\_\_

**VIII. Next Steps:**

\_\_\_\_\_



**REQUEST FOR THE ISSUANCE OF A CUSTODY ORDER FOR A  
NEGLECT/ABUSE MISSING CHILD**



<b>D.C. Superior Court Juvenile Neglect Clerk 500 Indiana Ave, N.W., Room 4310 Washington, D.C. 20001 Phone: (202) 879-1319 Fax: (202) 879-0099; Backup Fax : (202) 737-0807</b>					Date:
					Time:
Respondent's Name (Last, First, Middle Initial)	Docket Number	Social File Number	Race:	Height:	
			DOB:	Weight:	
Respondent's Home Address and Telephone Number:					
Parent(s)/Guardian's Name, Address and Telephone Number:					
Name, Address, and Telephone Number of Facility From Which Respondent Went Missing:					
Date and Time of Occurrence:					
Circumstances Surrounding Occurrence:					
Is the Respondent a Suicide Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No:    If Yes    Please Explain:					
Does the Respondent Have Any Health Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Respondent Taking Any Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If the Answer to Any of These Questions is <u>Yes</u> , Please Explain:					
Special Instructions: (Places Frequented; Regular Companions; boyfriend/girlfriend; Visible Scars; etc.)					
Name Address, and Telephone Number of Respondent's Attorney:					
Custody Order Request By:					
<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>		
Supervisor of Requester:					
<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>		
<b>RESPONDENT IS NOT TO BE TREATED AS AN OFFENDER; THE ABOVE NAME RESPONDENT IS A NEGLECTED/ABUSED CHILD. AFTER CHILD IS TAKEN INTO CUSTODY, BRING CHILD TO THE CHILD AND FAMILY SERVICES AGENCY: ADDRESS: 400 – 6<sup>th</sup> Street S.W., Washington D.C. 20024 Fax to Assistant Attorney General at (202) 727-3737</b>					

**REQUEST FOR THE WITHDRAWAL OF CUSTODY ORDER FOR A  
JUVENILE/NEGLECT MISSING CHILD/YOUTH**

**To: Superior Court of the District of Columbia  
Family Division  
Juvenile/Neglect Branch  
Room 4310  
FAX: (202) 879-0099; BACKUP: (202) 737-0807  
Date:**

Respondent's Name (Last, First, Middle Initial)

Docket Number

Social File Number

Date of Birth

Date Custody Order Issued:

Facility Requesting the Withdrawal of the Custody Order: **Child and Family Services Agency Child Locator and Support Services**

Address of Facility: **400 – 6<sup>th</sup> Street, SW**

Telephone Number of Facility: **(202) 727-7321**

Circumstances Surrounding Reason for the Withdrawal:

Name and Telephone Number of Social Worker:

Name and Telephone Number of Respondent's Attorney:

Withdrawal of Custody Order Request By:

Printed Name:

Signature:

Phone Number:

Date:

Supervisor of Requester

Printed Name:

Signature:

Phone Number:

Date:

☐

**Please present the child for a hearing before me on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M.**

☐

**Quash Custody Order; no hearing necessary**

\_\_\_\_\_  
JUDGE'S SIGNATURE

## **Missing Child/Youth Questionnaire**

When a missing child/youth returns to care, the social worker shall interview the child/youth in person within seven business days of their return. Topics the social worker may cover, which may be phrased as the social worker sees fit, include but are not limited to the following:

1. Why did the child leave their previous placement?
2. Did anyone encourage the child to leave?
3. Where did the child go?
4. What is the first thing the child did after they left?
5. What else did the child do while they were gone?
6. Who was the child with, if anyone, while they were gone?
7. What were the best and worst things about being away?
8. Was the child the victim of a crime while they were gone? (Such as: physically or sexually assaulted. Any affirmative answers should be referred to law enforcement and other service referrals should be considered.)
9. Did the child engage in any risky behaviors while they were gone? (Such as: substance use, prostitution, self harm, etc.)
10. What supports or services would the child like to have to help with any experiences they had while they were away?
11. Does the child plan to run away again? If so, why?
12. What can the social worker do to help prevent the child from not running away again?